International Depositary Authority of Canada National Microbiology Laboratory, Health Canada

1015 Arlington Street

Winnipeg, Manitoba Canada R3E 3R2

Tel: (204) 789-2070

Fax:(204) 789-2097

International Form IDAC/BP/4

RECEIPT IN THE CASE OF AN ORIGINAL DEPOSIT (issued pursuant to Rule 7.1 of the Budapest Treaty Regulations)

ATTACH COPIES OF THE ORIGINAL DEPOSIT CONTRACT AND V	VIABILITY STATEMENT
This International Depository Authority accepts the deposit of the specified below, which was received by it on December 04, 200	<i>microorganism</i> 02
To (Name of Depositor): Pierre Lemieux, Ph.D., Technologie B	iolactis, Inc.
Address: 531, boulevard des Prairies, édifice 18, Laval. QC	H1V 1B7
Identification of Deposit	
Reference assigned by depositor strain K2	
Accession Number assigned by this IDA: 041202-1	
The deposit identified above was accompanied by:	
a scientific description (specify):	
a proposed taxonomic designation (specify):	
Signature of person(s)authorized to represent IDAC:	
Klatson	
Date: December 04, 2002	

Receipt in the Case of an Original Deposit 1/1

international Depositary Authority of Canada

National Microbiology Laboratory, Health Canada 1015 Arlington Street Winnipeg, Manitoba Canada R3E 3R2 Fax:(204) 789-2097

International Form IDAC/BP/9

STATEMENT OF VIABILITY

(Issued pursuant to Rule 10.2 of the Budapest Treaty Regulations)

Party to Whom the Viability Statement is Issued	
Name:	Pierre Lemieux, Ph.D., Technologie Biolactis, Inc.
Address:	531, boulevard des Prairies, édifice 18, Laval. QC H1V 1B7
Depositor	
Name:	Pierre Lemieux, Ph.D., Technologie Biolactis, Inc.
Address:	531, boulevard des Prairies, édifice 18, Laval. QC H1V 1B7
Identificati	on of the Deposit
Accession I	Number given by the International Depository Authority:041202-1
Date of the	original deposit (or most recent relevant date): Dec. 04, 2002
Viability Te	est
Viability of t	he deposit identified above was tested on (most recent date): Dec.16, 2002
On the date	indicated above, the culture was:
☑ viable	e •
□ no lo	nger viable
Conditions of information	under which the Viability Test were performed (to be filled in if the has been requested and the results of the test were negative):
Signature of	person(s) authorized to represent IDAC
Date: <u>Dec</u>	16, 2002

Statement of Viability 1/1